

Hawaii

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State CARE Act Program Profile

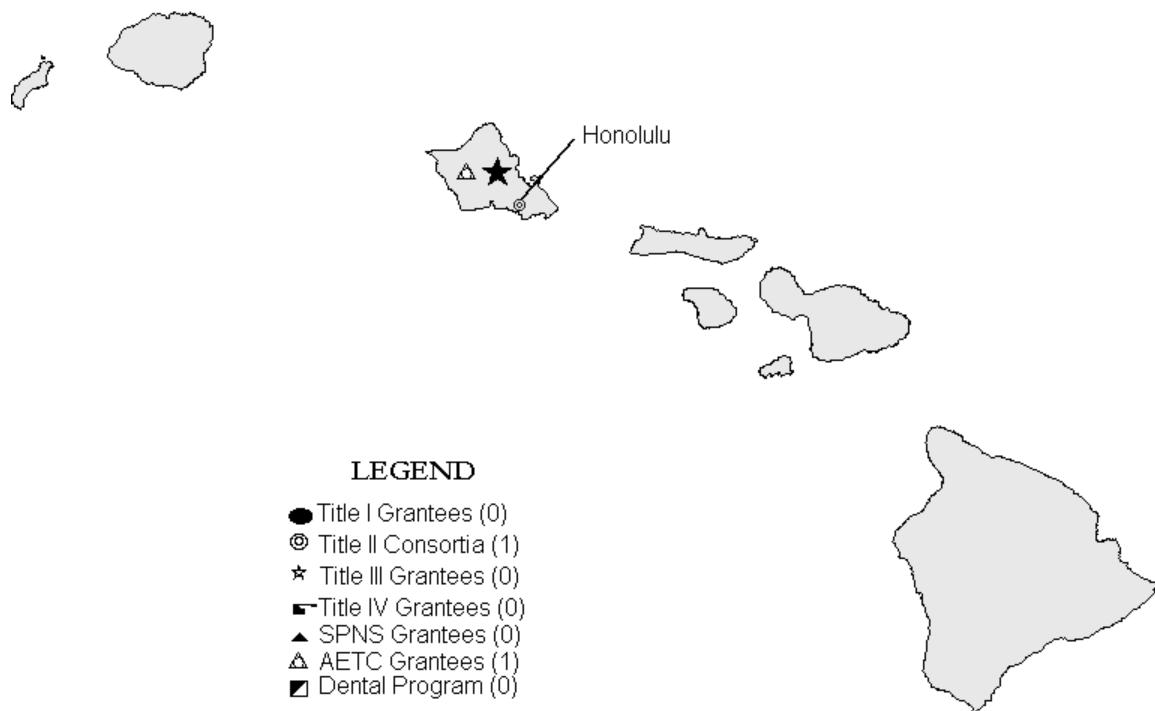
CARE Act Funding History Since 1996

Fiscal Year	1996	1997	1998	Total
Title I	\$0	\$0	\$0	\$0
Title II (including ADAP)	\$1,180,678	\$1,701,733	\$1,933,618	\$4,816,029
ADAP	(\$172,159)	(\$542,903)	(\$857,327)	(\$1,572,389)
Title III	\$0	\$0	\$0	\$0
Title IV	\$0	\$0	\$0	\$0
SPNS	\$0	\$0	\$0	\$0
AETC	\$113,716	\$99,212	\$97,851	\$310,779
Dental	\$5,683	\$0	\$0	\$5,683
Total	\$1,300,077	\$1,800,945	\$2,031,469	\$5,132,491

Number of CARE Act-funded Grantees in State (in addition to Title II and ADAP grants)

	1996	1997	1998
Title I	0	0	0
Title III	0	0	0
Title IV	0	0	0
SPNS	0	0	0
AETC (grantee or subcontractor)	1	1	1
Dental	1	0	0

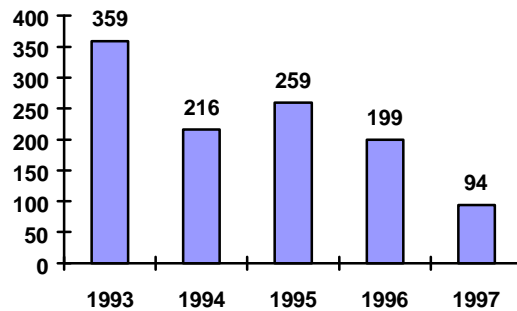
Location of FY 1998 CARE Act Grantees and Title II Consortia



HIV/AIDS Epidemic in the State: Hawaii (Pop. 1,186,602)

- ▶ Persons reported to be living with AIDS through 1997: 720
- ▶ New AIDS Cases by Calendar Year, 1993-1997

- ▶ State reporting requirement for HIV:
No HIV reporting
- ▶ State AIDS Cases (cumulative) since 1993: 1,127 (<1% of AIDS cases in the U.S.)



Demographics of AIDS Cases Reported in 1997

	State-Specific Data	National Data
Men (13 years and up):	88%	78%
Women (13 years and up):	12%	22%

	State-Specific Data	National Data
<13 years old :	0%	1%
13-19 years old :	1%	1%
20+ years old :	99%	98%

	State-Specific Data	National Data
White:	47%	33%
African American:	3%	45%
Hispanic:	6%	21%
Asian/Pacific Islander:	44%	<1%
Native American/Alaskan Native:	0%	<1%

	State-Specific Data	National Data
Men who have sex with men (MSM):	69%	35%
Injecting drug user (IDU):	11%	24%
Men who have sex with men and inject drugs (MSM/IDU):	3%	4%
Heterosexual contact:	10%	13%
Other, unknown or not reported:	7%	24%

Co-morbidities

	State Cases per 100,000 Population	U.S. Cases per 100,000 Population
Chlamydia (1996)	153.0	194.5
Gonorrhea (1996)	41.9	124.0
Syphilis (1996)	0.3	4.3
TB (1997)	14.1	7.4

Statewide Coordinated Statement of Need (SCSN)

To enhance collaboration in HIV needs assessment and planning activities among CARE Act grantees and to maximize CARE Act resources statewide, Title II grantees were required to develop, in collaboration with other CARE Act grantees, an SCSN by March 1998. SCSNs must include: a discussion of existing needs assessments; epidemiologic data; discussion of emerging issues in HIV care in the state; critical gaps in HIV medical and support services; and broad goals to address major service gaps.

- **Gaps:** lack of standard of care; changing drug coverage in ADAP program; information on available resources; complimentary therapies; program coordination between islands; and in-home support resources

State Medicaid Information

In 1998, Medicaid is estimated to have covered 55% of U.S. adults with AIDS and 90% of pediatric AIDS cases. Applying these percentages to the number of AIDS cases in the U.S., at least 108,000 individuals with AIDS were covered by Medicaid in 1998.

Medicaid Income Eligibility Requirements

Eligibility Category	Income
Adult Aged/Blind/Disabled*	67% FPL
Pregnant Women	185% FPL
Medically Needy	57% FPL

*Income eligibility for State's ADAP program is 400% FPL.

Medicaid Prescription Drug Benefits Limits

Co-payment:	No
Limit on Rx per month:	No
Refill limit:	No
Quantity Limit:	Yes

Waivers

1115

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services broad authority to waive provisions in Title XIX, the Medicaid statute. Populations covered vary from waiver to waiver, as does the scope of coverage and the nature of the provider organization.

1115 waiver: Yes

Beneficiary groups: Current Medicaid (AFDC and AFDC-related families, women, infants, and children) and individuals who meet Medicaid financial but not categorical requirements and uninsured, including pregnant women, and children, with incomes below 300% FPL.

1915(b)

Section 1915(b) of the Social Security Act authorizes the Secretary of Health and Human Services to waive compliance with certain portions of the Medicaid statute that prevent a state from mandating that Medicaid beneficiaries obtain their care from a single provider or health plans.

1915(b) waiver(s): No

Title II: Hawaii

Title II funds are provided to States and Territories to improve the quality, availability and organization of health care and support services for PLWH. From FY 1991 to FY 1998, more than \$1.9 billion in funding was appropriated for Title II programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Formula Grant	\$1,180,678	\$1,701,733	\$1,933,618	\$4,816,029
ADAP (included in Title II grant)	(\$172,159)	(\$542,903)	(\$857,327)	(\$1,572,389)
Minimum Required State Match	\$0	\$0	\$0	\$0

Allocation of Funds

	1998
Health Care (State Administered)	\$1,127,327/58%
Home and Community Care	(\$0)
Health Insurance Continuation	(\$130,000)
ADAP/Treatments	(\$997,327)
Direct Services	(\$0)
Case Management (State Administered)	\$0/0%
Consortia	\$590,392/31%
Health Care*	(\$0)
ADAP/Treatment	(\$0)
Case Management	(\$137,047)
Support Services**	(\$453,345)
Administration, Planning and Evaluation (Total State/Consortia)	\$215,899/11%

* includes: diagnostic testing, preventive care and screening, prescribing and managing medication therapy, continuing care and management of chronic conditions, and referral to specialty care.

** includes: counseling, direct emergency financial assistance, companion/buddy services, day and respite care, housing assistance, and food services.

Consortia Activities, FY 1997

States provide services directly or through subcontracts with Title II HIV care consortia. A consortium is an association of public and nonprofit health care and support service providers and community-based organizations that plans, develops and delivers services for people living with HIV disease.

Number of consortia in State: 1

Consortium Name	Location	Service Area	Title II Funding, FY 1997
AIDS Community Care Team	Honolulu	Statewide	\$848,549

Accomplishments

Clients Served (duplicated count), FY 1996:	620
Men:	85%
Women:	15%
<13 years old:	2%
13-19 years old:	0%
20+ years old:	98%
White:	58%
African American:	5%
Hispanic:	10%
Asian/Pacific Islander:	26%
Native American/Alaskan Native:	2%
Men who have sex with men (MSM):	52%
Injecting drug user (IDU):	4%
Men who have sex with men and inject drugs (MSM/IDU):	4%
Heterosexual contact:	4%
Other, unknown or not reported:	36%

► Improved Patient Access

- In the four years from 1994 to 1997, the grantee reported that the number of clients receiving primary medical care and support services through HIV care consortia increased 90%, from approximately 570 in 1994 to an estimated 1,087 in 1997.

- The total number of clients receiving HIV/AIDS medications through ADAP increased 37% between 1995 and 1997, from 140 to 192 clients. Approximately 85% of ADAP clients are receiving antiretroviral therapy with protease inhibitors.
- The ADAP formulary was expanded from 19 to 42 drugs in 1997 to include newly approved medications including protease inhibitors.
- The grantee increased services available to include home health care and other support services such as buddy and companion services; client advocacy; day and respite care; direct emergency financial assistance; food bank, home-delivered meals, and nutritional supplements; housing assistance and residential housing services; and transportation services.
- Eligibility for ADAP was expanded in 1997 from 300% to 400% of federal poverty level.
- ▶ **Cost Savings**
- The grantee reported that an evaluation of the insurance continuation program between FY 1991 and FY 1994 estimated savings of \$3.8 million in state Medicaid costs.
- The ADAP participates in the Office of Drug Pricing's discount drug purchasing program, for significant cost savings.
- ▶ **Other Accomplishments**
- ADAP has two advisory bodies: the Scientific Advisory Board, which comprises physicians treating HIV and other allied health professionals, and the Community Advisory Board, which is composed of members of the HIV/AIDS community (infected, affected, and service providers). The advisory boards provide input for the AIDS Clinical Trials Unit (ACTU) and the State Department of Health medical management and treatment programs. Both groups meet on a monthly basis.

AIDS Drug Assistance Program (ADAP): Hawaii

ADAPs provide medications to low-income PLWH with limited or no coverage from private insurance or Medicaid. ADAP is just one of multiple sources of public and private funding for HIV treatment, the largest source being Medicaid.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Funds	\$440,737	\$806,594	\$997,327	\$2,244,658
State Funds	\$300,000	\$300,000	\$300,000	\$900,000
Total	\$740,737	\$1,106,594	\$1,297,327	\$3,144,658

Program

- ▶ Administrative Agency: Dept. of Public Health
- ▶ Formulary: 44 drugs, 5 protease inhibitors, 8 other antiretroviral drugs.
- ▶ Medical Eligibility
 - ▶ HIV Infected: Yes
 - ▶ CD4 Count: No
- ▶ Financial Eligibility
 - ▶ Asset Limit: Yes
 - ▶ Annual Income Cap: No
- ▶ Co-payment: No
- ▶ PLWH involvement in advisory capacity: There are two advisory bodies: the Scientific Advisory Board, which is made up of health professionals treating HIV, and the Community Advisory board, which is composed of members of the HIV/AIDS community (infected, affected, and service providers).
- ▶ Enrollment cap: No
- ▶ Waiting list as of 10/98: No
- ▶ Waiting list for protease inhibitors as of 10/98: No

Clients Served

Clients enrolled, 10/98:	178
Number using ADAP each month:	110
Percent of clients on protease inhibitors:	87%
Percent of active clients below 200% FPL:	87%

Client Profile, FY 1996

Men:	93%
Women:	7%

<13 years old:	0%
13-19 years old:	0%
20+ years old:	100%

White:	64%
African American:	0%
Hispanic:	7%
Asian/Pacific Islander:	29%
Native American/Alaskan Native:	0%

AIDS Education and Training Centers: Hawaii

The AETCs are a network of 15 regional education centers (75 local performance sites covering all 50 states, Washington, D.C., Puerto Rico, and the Virgin Islands) funded by the CARE Act to train clinical health care providers, provide consultation and technical assistance and disseminate rapidly changing information for the effective management of HIV infection. Targeted providers are CARE Act-funded programs, federally funded community migrant health centers, and clinicians serving persons living with HIV infection. From FY 1991 to FY 1998, \$171 million was appropriated for AETC programs in the U.S.

- ▶ Pacific AETC
- ▶ States Served: Arizona, California, Hawaii, Nevada
- ▶ Primary Grantee: University of California, San Francisco, San Francisco, CA
- ▶ Subcontractors in State: Univ. of HI at Manoa, Kapiolani Med. Center - Honolulu

Funding History

Year	1996	1997	1998	Total
Total AETC				
Funding for State	\$113,716	\$99,212	\$97,851	\$310,779

Training Highlights from FY 1997

- The Pacific AETC entered into a joint training agreement with the California Department of Corrections and the CDC-funded Francis J. Curry Tuberculosis Center to conduct a statewide training of health care providers. The trainings will focus on the complexities of providing care in a correctional setting, including adherence to treatment regimens.
- The UC San Diego performance site conducts an ongoing training program for correctional health care providers in the county jail and at a state prison near the Mexico Border. Trainers go onsite to mentor HIV clinicians and provide follow-up clinical care consultation via e-mail.
- The Arizona performance sites have carried out a variety of activities including: an HIV/AIDS update and an ACTG 076 Skills Workshop at the National Hispanic Nurses Association Convention; two HIV dental mini-residencies with participants from Title I-, II- and III-funded organizations; a program on PHS treatment guidelines downlinked for Arizona Department of Corrections providers; and the quarterly HIV Key Providers Roundtable Dinner Lecture Series.

- The Hawaii performance site co-sponsored a number of trainings on HIV and substance abuse including: “HIV and Substance Abuse” for the Hawaii Chapter of the National Association of Social Workers; and skill-building sessions targeting public health nurses, HIV case managers, and outreach workers. It also conducted “Things We Never Learned in School: Working with Gay/Lesbian/Transgender People,” a one-day conference designed to familiarize providers with sexual minority issues, and “Building Nursing Skills in HIV Care,” an intensive three-day program drawing participants from the nursing staff at the Department of Public Safety, public health nursing, hospitals, AIDS service providers, managed care organizations and community health centers.
- In collaboration with the State of Nevada Division of Health Care Financing, the Nevada performance site provided a statewide program to Medicaid providers on reducing perinatal HIV transmission. The interactive video presentation was broadcast from Reno to Elko, Ely, Fallon, Hawthorne, Las Vegas, Lovelock and Winnemucca.
- The Pacific AETC operates two national training-related programs, the National HIV Telephone Consultation Service (Warmline), providing treatment information to clinicians, and the national Clinicians’ Post-Exposure Prophylaxis Hotline (PEPline).

HIV/AIDS Dental Reimbursement Program: Hawaii

The CARE Act HIV/AIDS Dental Reimbursement Program reimburses eligible dental schools and postdoctoral dental education programs for the reported, uncompensated costs of providing oral health care to PLWH. From FY 1996 (when the program was first funded by the CARE Act) to FY 1998, \$22.2 million in funding was provided for programs in the U.S.

Funding History

Year	1996	1997	1998	Total
Number of Programs Funded in State	1	0	0	
Total HIV/AIDS Dental Reimbursement Program Funding in State	\$5,683	\$0	\$0	\$5,683